

Florida Department of State

DIVISION OF CORPORATIONS

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Florida Profit Corporation  
SOUTH GOLD CORP.

**Filing Information**

Document Number	P00000039767
FEI/EIN Number	65-1020149
Date Filed	04/20/2000
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/23/2013
Event Effective Date	NONE

**Principal Address**

12805 NW 42ND AVE  
OPA LOCKA, FL 33054

Changed: 04/27/2009

**Mailing Address**

5027 SW 195TH TER  
MIRAMAR, FL 33029

Changed: 04/23/2013

**Registered Agent Name & Address**

(b), (b) (7)(C)

MIRAMAR, FL 33029

Name Changed: 05/08/2008

Address Changed: 04/23/2013

**Officer/Director Detail****Name & Address**

Title (b)  
(b)

MIRAMAR, FL 33029

Title (b) (6)

(b) (6), (b) (7)(C)

MIRAMAR, FL 33029

Title (b) (6)

(b) (6), (b) (7)(C)

MIRAMAR, FL 33029

Title (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

MIRAMAR, FL 33029

### Annual Reports

Report Year	Filed Date
2014	04/15/2014
2015	04/28/2015
2016	04/19/2016

### Document Images

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Florida Department of State, Division of Corporations

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039767

**Entity Name:** SOUTH GOLD CORP.

**Current Principal Place of Business:**

12805 NW 42ND AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

5027 SW 195TH TER  
MIRAMAR, FL 33029 US

**FEI Number:** 65-1020149

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

(b) (6), (b) (7)(C)

5027 SW 195TH TER  
MIRAMAR, FL 33029 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b) (6)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b) (6), (b) (7)(C)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039767

**Entity Name:** SOUTH GOLD CORP.

**Current Principal Place of Business:**

12805 NW 42ND AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

5027 SW 195TH TER  
MIRAMAR, FL 33029 US

**FBI Number:** 65-1020149

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

(b) (6), (b) (7)(C)

MIRAMAR, FL 33029 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b) (6), (b) (7)(C)  
Name  
Address  
City-State-Zip: MIRAMAR FL 33029

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:**

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date



**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039767

**Entity Name:** SOUTH GOLD CORP.

**Current Principal Place of Business:**

12805 NW 42ND AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

5027 SW 195TH TER  
MIRAMAR, FL 33029 US

**FEI Number:** 65-1020149

**Name and Address of Current Registered Agent:**

(b) (6), (b) (7)(C)

5027 SW 195TH TER  
MIRAMAR, FL 33029 US

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC7165663569**

**Certificate of Status Desired:** No

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b) (6),  
(b) (7)(C)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b) (6), (b) (7)(C)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039767

**Entity Name:** SOUTH GOLD CORP.

**Current Principal Place of Business:**

12805 NW 42ND AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

5027 SW 195TH TER  
MIRAMAR, FL 33029 US

**FEI Number:** 65-1020149

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

(b) (6), (b) (7)(C)  
5027 SW 195TH TER  
MIRAMAR, FL 33029 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title (b) (6),  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

Title (b)  
Name (b) (6), (b) (7)(C)  
Address  
City-State-Zip: MIRAMAR FL 33029

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:**

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039767

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: SOUTH GOLD CORP.

**Current Principal Place of Business:**

12805 NW 42ND AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15625 NW 82ND CT  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 65-1020149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

[REDACTED]  
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: (b) (6), (b) (7)  
Address: [REDACTED]  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPD  
Name: (b) (6), (b) (7)(C)  
Address: [REDACTED]  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: (b) (6), (b) (7)(C)

(b) (6)

04/20/2012

Electronic Signature of Signing Officer or Director

Date